

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Physician Hospitals of America Political Action Committee

ADDRESS (number and street) ▼

2025 M STREET NW

SUITE 800

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00394163

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11

04

2014

in the
State of

DC

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Richardson

Signature of Treasurer

John Richardson

[Electronically Filed]

Date

10

18

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		16558.04
(b) Cash on Hand at Beginning of Reporting Period.....	14016.75	
(c) Total Receipts (from Line 19)	10000.18	26500.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24016.93	43058.22
7. Total Disbursements (from Line 31)	2620.24	21661.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21396.69	21396.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
10		15		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9482.92

20982.92

(ii) Unitemized

517.26

517.26

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10000.18

21500.18

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

10000.18

26500.18

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

10000.18

26500.18

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

10000.18

26500.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	120.24	500.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	120.24	500.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	21000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	161.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	161.29
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2620.24	21661.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2620.24	21661.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10000.18	26500.18
34. Total Contribution Refunds (from Line 28(d))	0.00	161.29
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.18	26338.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	120.24	500.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	120.24	500.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Alsop MD

Mailing Address 737 East Crawford Street

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : C7800707

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. Monica Bachamp MD

Mailing Address 600 S Santa Fe Ave
Ste E

City State Zip Code
Salina KS 67401-4171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : C7800653

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

C. Jerrold Cossette

Mailing Address 520 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : C7800711

Amount of Each Receipt this Period

172.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bradley Daily MD

Mailing Address 6 Red Fox

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800661

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. Lavelle Ellis MD

Mailing Address 2353 Aidan Court

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800659

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

C. Byron Grauerholz MD

Mailing Address 310 Estate Drive

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800710

Amount of Each Receipt this Period

172.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary Harbin MD

Mailing Address 523 South Santa Fe

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800666

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. Randy D. Hassler MD

Mailing Address 498 Upper Mil Heights Drive

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800705

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

C. Todd Herrenbruck MD

Mailing Address 1830 Stoneridge Lane

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800708

Amount of Each Receipt this Period

172.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Johnson MD

Mailing Address 737 East Crawford Street

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800703

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. Sukesh K. Kansal MD

Mailing Address 2494 Mcclean Circle

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800704

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

C. Jeffrey B. Knox MD

Mailing Address 171 E Lake Dr

City State Zip Code
 Salina KS 67401-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800667

Amount of Each Receipt this Period

172.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ted L. Macy MD

Mailing Address 454 Upper Mill Heights Dr

City State Zip Code
 Salina KS 67401-3357

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800664

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. Ali B. Manguoglu MD

Mailing Address 639 Gupsum Avenue Apt B2

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800663

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

C. Earl H. Matthews MD

Mailing Address 847 Fairdale Rd
 Apt D

City State Zip Code
 Salina KS 67401-8422

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800655

Amount of Each Receipt this Period

172.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Mauch MD

Mailing Address 219 Fairdale Rd

City State Zip Code
 Salina KS 67401-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800700

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. Michael Meier MD

Mailing Address 3191 S Simpson Rd

City State Zip Code
 Salina KS 67401-9153

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800658

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

c. Natalie A. Morgan

Mailing Address 119 S. Morris Drive

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800699

Amount of Each Receipt this Period

172.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel E. Parriott MD

Mailing Address 1728 Upper Mil Terrace

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800701

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. David Peterson MD

Mailing Address 1500 S Marymount Rd

City State Zip Code
 Salina KS 67401-8414

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800660

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

C. David Prendergast MD

Mailing Address 5715 North Strekfus Trail

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800706

Amount of Each Receipt this Period

172.42

SUBTOTAL of Receipts This Page (optional)..... ►

517.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ward Schraeder MD

Mailing Address 4380 E Cloud St

City State Zip Code
 Salina KS 67401-9162

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800654

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. Steven G. Sebree MD

Mailing Address 3145 E Country Club Rd

City State Zip Code
 Salina KS 67401-9527

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800698

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

C. Brian A. Smith MD

Mailing Address 400 South Santa Fe Avenue

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800709

Amount of Each Receipt this Period

172.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. David E. Smith MD

Mailing Address 302 West Park Lane

City State Zip Code
 Salina KS 67401-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800665

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

B. Gary B. Weiner MD

Mailing Address 18 Crestview Dr

City State Zip Code
 Salina KS 67401-3586

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800657

Amount of Each Receipt this Period

172.42

Full Name (Last, First, Middle Initial)

c. Physicians & Investors LLC

Mailing Address 454 Upper Mill Heights Dr

City State Zip Code
 Salina KS 67401-3357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800668

Amount of Each Receipt this Period

5000.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5344.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Alsop MD

Mailing Address 737 East Crawford Street

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : C7800669

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Monica Bachamp MD

Mailing Address 600 S Santa Fe Ave
Ste E

City State Zip Code
Salina KS 67401-4171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : C7800670

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Jerrold Cossette

Mailing Address 520 South Santa Fe Avenue

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : C7800671

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bradley Daily MD

Mailing Address 6 Red Fox

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800694

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Lavelle Ellis MD

Mailing Address 2353 Aidan Court

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800689

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Byron Grauerholz MD

Mailing Address 310 Estate Drive

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800696

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary Harbin MD

Mailing Address 523 South Santa Fe

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800672

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Randy D. Hassler MD

Mailing Address 498 Upper Mil Heights Drive

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800690

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Todd Herrenbruck MD

Mailing Address 1830 Stoneridge Lane

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800691

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Johnson MD

Mailing Address 737 East Crawford Street

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800674

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Sukesh K. Kansal MD

Mailing Address 2494 Mcclean Circle

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800693

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Jeffrey B. Knox MD

Mailing Address 171 E Lake Dr

City State Zip Code
Salina KS 67401-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800675

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ted L. Macy MD

Mailing Address 454 Upper Mill Heights Dr

City State Zip Code
 Salina KS 67401-3357

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800676

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Ali B. Manguoglu MD

Mailing Address 639 Gupsum Avenue Apt B2

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800692

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Earl H. Matthews MD

Mailing Address 847 Fairdale Rd
 Apt D

City State Zip Code
 Salina KS 67401-8422

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800677

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Mauch MD

Mailing Address 219 Fairdale Rd

City State Zip Code
Salina KS 67401-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800678

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Michael Meier MD

Mailing Address 3191 S Simpson Rd

City State Zip Code
Salina KS 67401-9153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800679

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Natalie A. Morgan

Mailing Address 119 S. Morris Drive

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

10 / 08 / 2014

Transaction ID : C7800695

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel E. Parriott MD

Mailing Address 1728 Upper Mil Terrace

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : C7800680

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. David Peterson MD

Mailing Address 1500 S Marymount Rd

City State Zip Code
Salina KS 67401-8414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : C7800681

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. David Prendergast MD

Mailing Address 5715 North Strekfus Trail

City State Zip Code
Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Surgical Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : C7800682

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ward Schraeder MD

Mailing Address 4380 E Cloud St

City State Zip Code
 Salina KS 67401-9162

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800688

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Steven G. Sebree MD

Mailing Address 3145 E Country Club Rd

City State Zip Code
 Salina KS 67401-9527

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800683

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Brian A. Smith MD

Mailing Address 400 South Santa Fe Avenue

City State Zip Code
 Salina KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800684

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. David E. Smith MD

Mailing Address 302 West Park Lane

City State Zip Code
 Salina KS 67401-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800685

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Gary B. Weiner MD

Mailing Address 18 Crestview Dr

City State Zip Code
 Salina KS 67401-3586

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Salina Surgical Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.84

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2014

Transaction ID : C7800686

Amount of Each Receipt this Period

172.42

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

9482.92

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Physician Hospitals of America Political Action Committee

Category/
Type

30.00

State: District:

M M / D D / Y Y Y Y
10 08 2014

Category/
Type

80.24

State: District:

Category/
Type

State: District:

Age Group	Percentage
18-24	110.24
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	100.00
75-84	100.00
85+	100.00

110.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Physician Hospitals of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City	State	Zip Code
FREMONT	NE	68025

Purpose of Disbursement
Contribution

Candidate Name

BENJAMIN E SASSE

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : D556174

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LEE TERRY FOR CONGRESS

Mailing Address PO BOX 540098

City	State	Zip Code
OMAHA	NE	68154

Purpose of Disbursement
Contribution

Candidate Name

LEE TERRY

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : D556175

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00
